



# EPI-SODE

EPIDEMIOLOGIC SURVEILLANCE OF COMMUNICABLE DISEASE

September 2003  
Volume 19 Issue 4

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## Influenza Vaccine Supply Expected to Meet Demand

Sufficient supplies of flu vaccine should be available during the coming influenza season. The Centers for Disease Control and Prevention predicts that everyone wanting to get a flu shot to avoid influenza, regardless of age or health status, should be able to get vaccinated as soon as vaccine becomes available in October. **The best time to be vaccinated against influenza continues to be October and November.** However, vaccination in December or later can still be beneficial. Influenza season typically ranges from November through March or beyond. Flu activity peaked in January or later during 22 of the past 26 influenza seasons.

Influenza vaccination is recommended for people 65-years old and older, those with chronic, long-term health problems such as heart or lung disease, kidney problems, diabetes, asthma, anemia, HIV/AIDS or any other illness that suppress the immune system; people age 50 to 64 years; and healthcare workers and others in close contact with those at high risk. Because young children also are at increased risk of influenza-related complications, vaccination of children 6 to 23 months old, their household contacts and out-of-home caregivers is encouraged.

Influenza causes approximately 36,000 deaths and 114,000 hospitalizations each year. More than 90 percent of deaths occur among people age 65 and older.

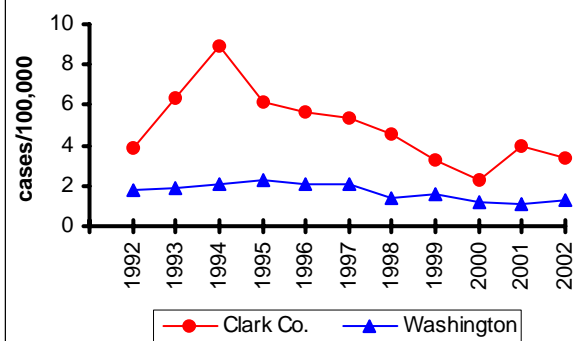
## Meningococcal Disease\* on the Decline in Clark County

In 1993, the incidence of Meningococcal disease (MD) in Clark County began to rise. This trend, which also affected Oregon, was due to the introduction of a new group of genetically-related strains of serogroup B MD known as enzyme type-5 (ET-5) complex. The incidence of MD in Clark County peaked in 1994 at 8.9 per 100,000, compared to 1.0 to 2.0 per 100,000 for Washington. Since that time,

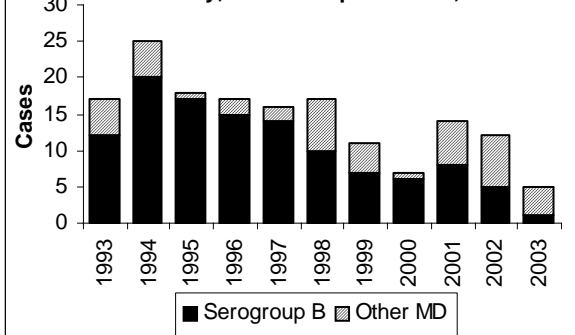
the incidence of MD, though remaining elevated, has gradually decreased (Figure 1). Possible explanations for the decrease include host adaptation to the new strains; a decrease in the use of tobacco, a risk factor for MD; changing environmental factors; or some other reason. From 1993 through 2002, the main MD serogroup has been serogroup B. This year, for the first time since the increase began in the early 1990's, serogroup B is not the predominant MD serogroup (Figure 2). Please continue to have a high index of suspicion as cases of MD may occur anytime of year.

*\*Meningococcal Disease is caused by the bacterium, Neisseria meningitidis. Serologically detectable structural variation in the capsular polysaccharides of N. meningitidis can identify 12 serogroups. Groups B and C are the predominant serogroups in the US, each accounting for approximately 30% to 40% of cases. Meningococcal vaccine is efficacious against serogroups A, C, W-135, and Y, but not serogroup B.*

**Figure 1. Incidence of Meningococcal Disease Clark County 1992-2002**



**Figure 2. Serogroup B and Other MD, Clark County, 1993 to September 1, 2003**



## STDs Up in Clark County, Increase seen in Syphilis and Gonorrhea

From January through June 2003, the Health Department received reports of 92 cases of gonorrhea compared to 75 cases reported in the same period in 2002. Of the 92 cases in 2003, 62 (67%) are female; 73 (79%) are age 20 to 44 years and 14 (15%) under age 20. In addition, there have been four cases of primary and secondary syphilis reported since Jan 1, 2003. Three (75%) cases occurred in men who have sex with men, of whom two are HIV positive. Annual reports of primary and secondary syphilis have ranged from 0-3 cases over the last ten years. A surge in STDs has also been reported from Seattle, Portland, New York, and San Francisco. Please remember to report all cases within three working days. Public health works with each patient to make sure all possibly infected partners are examined and treated.

SUMMARY OF SELECTED NOTIFIABLE CONDITIONS CLARK AND SKAMANIA COUNTIES, 2003 AND 2002				
CONDITIONS	CLARK COUNTY		SKAMANIA COUNTY	
	Sept. Oct. 2003	Sept. Oct. 2002	Sept. Oct. 2003	Sept. Oct. 2002
Campylobacteriosis	14	14	0	0
<i>Chlamydia trachomatis</i>	170	112	5	0
<i>E. coli</i> O157:H7	7	*	0	0
Giardiasis	8	20	0	0
Gonorrhea	22	21	0	0
<i>Hemophilus influenzae</i>	0	*	0	0
Hepatitis A	*	0	0	0
Hepatitis B, acute	*	*	*	0
Hepatitis B, chronic	13	13	0	0
Hepatitis C (chronic)	52	18	0	*
HIV	*	*	0	0
Latent TB infection +	25	32	0	0
Measles	0	0	0	0
Meningococcal disease	0	*	0	0
Mumps	0	0	0	0
Pertussis	8	*	0	0
Rubella (including congenital)	0	0	0	0
Salmonellosis	*	7	0	0
Shigellosis	*	6	0	0
<i>Streptococcus</i> Group A Invasive	*	0	0	0
Syphilis (primary & secondary)	*	0	0	0
TB active disease	6	*	0	0

\*<5 cases

+Patients followed by the health department

Epi-SODE is published bimonthly free of charge by the  
Clark County Health Department.  
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